

PRESIDENT'S REPORT, BODHI Australia Inc, 22 June 2008

BODHI Australia continued to grow in 2007 and the early part of 2008. Our relationship with the Australian Jumma community deepened and donations for the two 2007 newsletters were very high (June) and the highest ever (Dec). Once again single large donations were strong with more than one for \$5,000, including Jo and Ric Easton of Bio-Distributors in Sheffield, Tasmania, who for the second year paid generously for advertising in the newsletter and on the website. Our relationship with Professor Goldstein continued to function well. BODHI has been in periodic contact with partner organisations in Bangladesh and Maharashtra, India and has regular contact with project partners in New Delhi, India and Nepal. A Memorandum of Understanding (MOU) was finalised with a partner organisations representing projects in Zadoh, Tibet. The MOU signed last year with a partner organisation representing projects in Bodh Gaya, Bihar, India (Bodh Gaya Development Fund) has been working smoothly. We are exploring another MOU with the developmental arm of the Tibet Information Office in Canberra.

General

- Even busier than last year. Correspondence, newsletter preparation, banking, filing and general office work occupy on average at least 30 hours per week for Susan, who has taken on two new duties of website and mailing list maintenance, for which she requests help.
- Susan took a short-course in website maintenance and now updates BODHI's website to help out our Director of Electronic Communications, Dr Denis Wright.
- Susan now has administrative help from Alison Wild, who has moved to Campbell Town and, in early 2008, helped transcribe Colin's Medical Directors' Desk columns for placement on the web. Alison also helped with the mailing of the June 2008 newsletter, despite the recent birth of her second child. Thank you, Alison.
- Some of Susan's financial work this year:
 - Moved funds from MyState account to rollover term deposit with Bendigo Bank so we get more interest
 - Set up e-banking
 - We note that the number of direct-debit donors is increasing.
- There is much work to be done on postal and e-group mailing lists. Susan will be learning a new database system developed by Conrad Richter of Gaden Relief Projects (GRP) in Canada. Conrad is very generous with his time.

- We expanded our advisory board with the addition of Prof Solomon Benatar, an ethicist in South Africa.
- A Human Rights Committee was formed, initially composed of Kabita Chakma, Emilia Della Torre and Susan Woldenberg Butler, to create and present a Position Paper to the International Commission of Jurists on the human rights violations of indigenous residents of the Chittagong Hill Tracts, Bangladesh. Its members now include BODHI US Directors Mr Scott Trimmingham and Dr Martin Rubin. The latter works to prevent the erosion of free speech on US university campuses. Another new addition is Mr Dilip Chakma, a law student in Bangalore, India, who contacted us via the website.

Projects

1. Revolving Sheep Bank, Phala, Tibet.

Trial: Our first 5-year trial project has proven successful to date. Prof Goldstein's Interim Report from late 2006 and Evaluation Report from early 2007 are now available on Professor Goldstein's website (<http://www.case.edu/affil/tibet/tibetanNomads/sheepbank.htm>) a link to which is provided on the BODHI website. Physical access to the area in Tibet continues to be problematic for Prof Goldstein, who is scheduled to go in September, 2008.

Expansion, Phase 2: BODHI US facilitated a grant from the Bridge Fund (San Francisco), which was provided directly into the account in Professor Goldstein in Tibet. This has enabled Professor Goldstein to expand the Revolving Sheep Bank into an adjacent nomad area for five years. (is this still appropriate/current for the 2008 report? I thought this was old news by now)

Expansion, Phase 3: In 2007 we expanded the RSB into a third adjacent nomad area. BODHI Australia will fund years 2 and 3, 2008 and 2009.

2. Parbatya Bouddha Mission (PBM), Chittagong Hills, Bangladesh. This long-established organisation is a leading provider of shelter, care, education, health care (including seven mobile clinics) and inspiration for orphans (and others) of the Jumma community in the Chittagong Hills District of South Eastern Bangladesh. BODHI supported PBM in conjunction with a number of other donors including the Karuna Trust in the UK and Karuna Deutschland in Germany. BODHI Community Adviser Mr Kulottam Chakma is currently researching the current situation at PBM. Due to internal personnel problems, we have not received a report for two years. We are considering discontinuing support and using the funds for mobile medical clinics run by CHT doctors. This needs to be discussed with the Australian Jumma community, as they have donated the funds (approximately \$500). Alison

suggested a time limit (3 months?) before funds default, partly because it reflects poorly on BODHI.

3. Dapodi Health Clinic, Pune, India. This clinic serves a slum population in Pune, Maharashtra, India. It is administered by TBSMG, a long-established organisation run by followers of Dr Ambedkar, a Buddhist population who were formerly dalits ('Untouchables'). The funds BODHI provided in 2006 were not used at this clinic but instead were put into the bank, without our knowledge or consent. We were not happy about this; instead of demanding the return our funds, it was decided that they should provide funding for the health of under-5 children in the slums of Pune, India. A report was requested and presented, but it was not adequate. Nagasuri is helping to produce a proper report. Due to problems, including in communication, BODHI will not continue funding this project.

4. Support for deaf child, Nepal. We were approached by Dr Sonal Singh, of Virginia, US to fund the education of Sangeetha Basnet, a gifted deaf student at the School for the Deaf in Kathmandu, Nepal. BODHI matched donations by the families of Dr Ken McConnell and Simon Brown in 2006 and 2007 and has continued funding in 2008. We hope Sangeetha will go on to train other deaf children. Training Sangeetha has begun, as she has shown interest (we hope self-motivated), by involving Sangeetha in sanitation instruction for students and participation in an art competition. Dr Jane Stephens of the Green Tara Trust is to visit the school and evaluate the project.

5. Udana Special Children's Centre. Udana provides basic education to children of all ages with special needs. The school's requirements include salaries for teachers and aids and learning materials, as well as a van to transport the students, who suffer from various mental and physical disabilities, including cerebral palsy, autism and Downs Syndrome. BODHI accepts donations and provides tax receipts, but does not donate its own funds at this point. Thanks to the generosity of Kabita Chakma, BODHI sent \$400 to the Udana School for the education of an autistic child.

6. SNEHA. Susanta Chakma, founder and administrator of SNEHA, used BODHI's donation this year for teachers' salaries and an office computer for SNEHA in Delhi.

New

1. **Shishu Koruna Sangha (SKS).** At the request of the Australian Jumma community we began supporting this project last year. SKS, established in the 1990s to provide opportunities to tribal families, runs a co-educational senior secondary school, 5 student hostels, a health care centre, a technical institute, a centre for study and development of traditional tribal crafts and arts, and a temple.

2. **Mitini Nepal.** Colin met British Dr Jane Stephens (Karunamati) at the 2007 meeting of the International Network of Engaged Buddhists (INEB). She has established the Green Tara Trust to help the disadvantaged in (mostly) rural Nepal. In the course of her work in Nepal, she met the founders of Mitini Nepal, an organisation dedicated to helping lesbians improve their living skills. To this end, BODHI has committed to donating A\$2000 per annum for the next three years to teach Mitini Nepal's interested members to learn or improve their English and computer skills.

3. **Green Tara Trust.** BODHI provided A\$1000 to Karunamati for her operating expenses.

4. **Over 40 Women's Health, Pune, India.** Nagasuri brought to our attention Dr Mrs Manda Mune's (Karunaprabha's) project to teach female health education to peri-menopausal women and to conduct gynaecological examinations (excluding PAP smears). All labour by medical and health personnel is donated. Karunaprabha and her colleague are conducting ten medical camps, for a total cost of about A\$700.

5. **Tashi Lhapug Health Care Centre.** Provided US \$5,000 in seed money.

Facilitating Funds

1. **The Australian Jumma community.** Once a year the Australian Jumma community sends BODHI a cheque, with requested disbursements. This continues to work well, with frequent, satisfying communication.
2. **Bodh Gaya Development Fund.** We have been approached by supporters of BGDF for "umbrella" tax deductible status. BGDF supports the work of Sr Jessie, whose work BODHI supported for a number of years in the 1990s. This has been working smoothly.
3. **Gaden Relief Projects (GRP).** BODHI accepts donations in Australian and US dollars for the Jamseng Health Care Centre and the Tashi Lhapug Health Care Centre, Eastern Tibet. We provide tax-deductible receipts for Australian and US donors. These projects have been developed and are overseen by Tibetan lama

Zasep Tulku, who regularly visits Tasmania, and whom Susan and Colin have known for more than two decades. Zasep Tulku's organisation, GRP, is based in Canada. Delays have been ironed out and BODHI and GRP signed a Memorandum of Understanding earlier this year.

4. **Tibet Information Office (TIO).** BODHI Australia is developing an MOU with this organisation, which is based in Canberra, Australia. TIO wants to include a development arm. The only projects for which BODHI would issue tax-deductible receipts will be subject to our stringent guidelines, as we're ever cognisant of our responsibilities.
5. BODHI will not undertake any more 'umbrella' work at present because it is too time-consuming.

Fundraising

- **Bequests.** None this year.
- Dr Scott Bell, son of Mr John Bell, continues to honour his pledge to donate to the Revolving Sheep Bank in his late father's name.
- **Newsletter.** Remains our primary vehicle of publicity and fundraising.
- **'Umbrella' strategy.** This refers to the provision of tax-deductible donations for donors to small organisations who are working to assist overseas development, rather than welfare, who have a relationship with us and whom we trust. BODHI benefits because it enables financial and project growth with comparatively little cost. However, as workload for this has increased substantially, BODHI will impose a moratorium on this offering. We will also provide more information about bequests on the BODHI website.

Publicity

- Mailing list has expanded, mostly through Colin's activities, with a few enquiries from the website.
- The Australian Health Promotion Association have also promised to provide some publicity to BODHI, including, possibly a link to their website.
- Publicity this year has been mostly through Colin's work overseas, e.g. at the UN Day of Vesak in May in Hanoi, and through meetings and personal contacts.
- Have done one brochure for distribution overseas (Vietnam, Europe, US) and will do another one for fundraising for women (over 40s, lesbians)

Miscellaneous

Volunteers. Alison Wild of Campbell Town is providing invaluable help, for which Susan is very grateful.

- The BODHI Book, BODHI at 20. Susan has stopped working on this book due to a total lack of interest and support. [At the AGM, Colin suggested trying for BODHI at 25.]
- We met with Fiona Allison in Sydney, who is working with Tibetans in Nanqian.
- Have created both non- and tax-deductible electronic receipts; use when possible.
- Work on text and photographs for website.
- Some examples of correspondence this year:
 - Amnesty International re Chakmas; no interest;
 - MSF Aus re CHT; no response;
 - E-corr John Osborne re TASK in Africa; and
 - Meeting and correspondence with Papua New Guinean regarding a project in PNG; no further word

Potential projects

Health care in Mizoram. Discussed at the AGM last year. Some progress has been made toward identifying local partners: Chakma Mahila Samity (CMS) in Kamalanagar, Mizoram and Friends of the Chakmas (FOTC), a group of law students studying in Bangalore whose founder and guiding spirit, Mr Dilip Chakma (also a member of BODHI's Human Rights Committee). Dilip comes from Mizoram. He's currently in Mizoram and hopes to meet with the President of CMS. Dilip has presented an initial Work Plan and Budget, which all acknowledge to be a draft. CMS has not submitted a work plan or report. The Australian Jumma community will contribute \$2,000 to a health clinic in Mizoram. Dr Bhagadatta Chakma (see below) suggested getting concrete plans from CMS and Dilip Chakma.

Mobile medical clinics in CHT. Colin and Susan met with Dr Bhagadatta Chakma in Albury Wednesday, 18th June to discuss health-care projects in remote areas of the CHT. He observed that there is a lot of chloroquin-resistant malaria. Dr Chakma will contact Dr Parash Khisa, who has a well-established clinic in Rangamati, regarding mobile medical clinics. Dr Chakma worked in Rangamati before coming to Australia.

Some items from the current To do list:

1. Learn Conrad Richter's data base management system and completely consolidate and update postal and e-group mailing lists.
2. Provide more information about bequests on the BODHI website.
3. Create a brochure for fundraising for women (Over 40s, lesbians), specifically requested for fundraising purposes by Scott Trimingham
4. Continue to explore MOU with Tibet Information Office
5. Update website

Susan Woldenberg Butler,
Campbell Town
22 June 2008

Treasurer's Report

Financial Report BODHI Australia 2007

1. Audited report

Our accounts and bank statements for the calendar year 2007 were again audited by Greg Harper, at Camerons Accountants, Launceston. This will be posted to the website. [It is available as a PDF upon request.] The combined bank balances at the close of 2007 were \$62,851, an increase of 31% from the end of 2006. BODHI US owes BODHI Australia \$3,750, an increase of A\$250 (estimated for the postage and cost of printing newsletters for distribution with in the US) (BODHI US has these funds in hand).

2. Income

- Donations

Total income in 2007 approached \$40,000, a substantial increase. See figure.

- Fund raising

As previously, the main fundraising means was the newsletter. Bank interest increased to almost \$2,000; bank fees were nearly \$450.

3. Expenses

- Projects

Expenditure on projects increased substantially, to \$21,680.

RSB	5432
SKS	1000
BGDF	1500
School for Deaf	750
Chakma s'ship	1630
SNEHA	5100
SNEHA	5868
UDANA	400

- Printing, postage and stationery

These expenses were again reduced, to \$477; we continue to use the same printer at the University of Tasmania.

Bendigo Bank has continued to subsidise the cost of transfers of overseas funds.

Wages: to Susan were increased to \$2850.

Office, website, accounting and other expenses: The website fee was inadvertently charged to Colin – it should be recovered.

Travel expenses: BODHI paid the airfare for Colin to travel to the INEB meeting in Taiwan (once there all expenses were paid by supporters in Taiwan). This was \$1280.

Administrative cost ratio

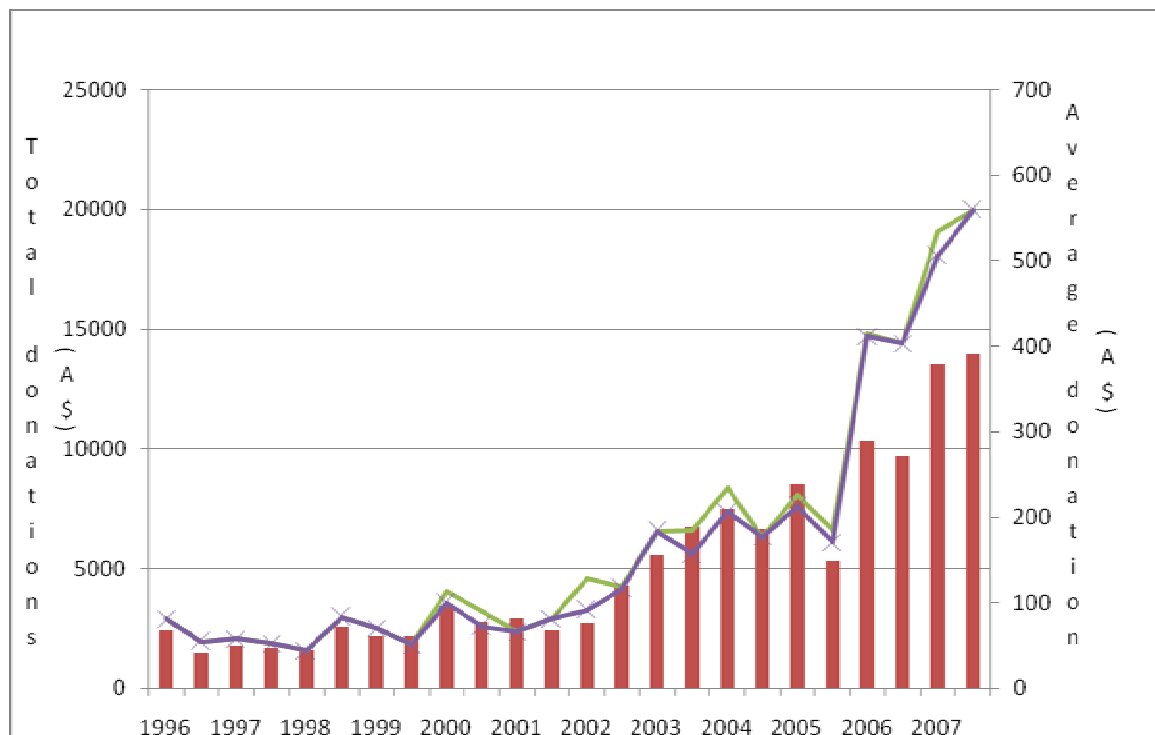
Non-project expenses were 12.4% of income, against 11.3% in 2006, similar to that for 2005 (also 12.4%).

Further details

More detailed records are held in Colin's computer with a back up on Susan's. Bank statements are kept at Campbell Town.

Colin Butler Treasurer. Campbell Town, Tas

June 22, 2008



Medical Director's Report 2007-08 BODHI Australia Inc

The main issues for me are the sustainability of BODHI and the issue of absorptive capacity.

1. Sustainability of BODHI

BODHI is finally gaining wider recognition, through several means:

1. Its duration, partnerships through MOUs with other NGOs (Australia and Canada) and involvement with Australian Jumma Community.
2. Several appointments of BODHI medical director, including to the International Organising Committee of the United Nations Day of Vesak, held in Hanoi, Vietnam, in May 2008, and to the scientific advisory board of the International Association of Buddhist Universities
3. Various conference attendances and presentations, some as a representative of BODHI. These include my third attendance at the biannual meeting of the International Network of Engaged Buddhists, (INEB) held in Taiwan in 2007, and a keynote conference presentation, representing BODHI, at the Sustainable Population Australia meeting, in Canberra, in March 2008.
4. Our income and accumulated bank balance has also increased substantially (see treasurer's report).
5. My four year, full time appointment as an Associate Professor of Public Health at the Australian National University, as from August 4, 2008.

However, the trade off for increased visibility and funds is additional responsibility and diminished time. BODHI is now 18 years old. The energy I once had for BODHI is much less, yet the potential for BODHI to achieve some of its original aims seems higher than ever. This is gratifying .. but also a dilemma. I am also concerned that the

administrative load for BODHI may become unmanageable, and constantly aware of the difficulty of properly distributing our growing funds. Which brings me to point 2.

2. Absorptive Capacity

The term “absorptive capacity” is sometimes seen in the development literature. It might seem slightly trendy but I think is useful. I think I have had a fair understanding of this term for a long time, both through the literature and through our early projects with BODHI, but I see it as ever more central. In essence, the problem is that BODHI wants to genuinely help the poor to reduce their poverty, improve health and education and so on. But achieving this with the poorest of the poor is so difficult I’d say it’s impossible. For a start, we can’t just send funds direct to poor individuals .. we always have to work with a local partner, or else go there ourselves and use guesswork, something I reject as too expensive, wasteful, cumbersome and not sustainable (including because we have no way then of knowing how the funds we give would be spent .. and I don’t think funds used by the poor on consumption are the best way to reduce poverty).

So, instead, we work with partners .. which in theory is the way to go, better value for money (eg minimal travel) and less paternalistic – in the main we let the partner judge how our funds are spent. However, local partners who genuinely work with extremely poor people are themselves likely to be composed of people with comparatively few skills, or at the worst to be dishonest, incompetent or corrupt. For this reason, we no longer consider forming partnerships with groups who we don’t know and who approach us spontaneously (our website makes this clear).

This means our choices are to either work with large organizations (for whom our funds, generally, will be trivial, and who themselves are very likely to have a lot of waste in comparison to both ourselves and the small groups we do work with) or else with smallish organizations who we trust and who we believe are working with at least moderately poor and disadvantaged people. (I mean “moderately poor” in comparison to the 800 million people who will be hungry today, and who are so hard to reach.)

But there have been recent problems with our strategy ie PBM in Bangladesh and the TBSMG health project in Nagpur. PBM seem to have had significant internal problems .. their correspondence and reports have become unsatisfactory. It is very likely that we cannot continue to support them. I am also increasingly resigned to the Pune/Nagpur project (not the Women's Health one) as also being problematic, because communication is so poor.

I also started to think more about absorptive capacity after meeting several activists at the INEB meeting in 2007 in Taiwan – two dalit activists from India, Karunamati, a GP from London who works in Nepal, Ko Tar, a former orthopaedic surgeon from Yangon, Burma, and Ros Sotha, an economic development worker from Cambodia. Of these, I thought the dalits probably worked most directly with the poor, but neither has produced proposals which give us enough confidence to fund. Communication with Ko Tar has not been possible since cyclone Nargis.

I had proposed to deepen the relationship with these people (and Susanta Chakma at SNEHA, in Delhi) by visiting them (with Dr Gerry McGushin) in February, 2008, but I postponed this because I was instead engaged to work in that month as a consultant. Now I have full time work again .. which means such a visit really needs to be made during my annual leave, and probably this means a maximum of two weeks away, which means I can't visit as many people as I would like.. Which, in a way, brings me back to the first issue, that of sustainability.

Even so, I feel we have made very good progress, and we should continue to struggle on. Perhaps by funding Ko Tar's school (once we can assure ourselves he and the school are ok, after the devastation if the cyclone).

Colin Butler

June 22, 2008

Director of Electronic Communications Report

Denis Wright

The greatest development in our electronic communications area has undoubtedly been the fantastic assistance of Susan Butler in creating and updating web content for our site. To do this she had to learn the mechanics of web construction and she has done this with great speed and thoughtfulness. I am very grateful to Susan for playing this extra role in BODHI's operations, and she has added immeasurably to the value of our site. With her assistance, our profile on the internet has grown in the last year.

Many thanks, Susan!